

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Family Planning Clinics  
Managed Care Plans  
TAKE CHARGE Providers

**Memorandum No: 05-44 MAA**  
**Issued: June 29, 2005**

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
(800) 562-6188

**Subject: Family Planning Services, Family Planning Only Program and TAKE  
CHARGE: Fee Schedule and Program Changes**

**Effective for dates of service on and after July 1, 2005**, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- The Updated Medicare Clinical Laboratory Fee Schedule (MCLSDB);
- Clarification of Billing Policy;
- Additions of Services; and
- A one (1.0) percent vendor rate increase.

### **Maximum Allowable Fees**

MAA is updating the Family Planning Services, Family Planning Only and Take Charge Program fee schedules with Year 2005 RVUs and clinical laboratory fees. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

### **New Services**

#### **New Products:**

MAA has approved the following products for reimbursement using the existing HCPCS as indicated in the following table:

| <b>HCPCS</b> | <b>Brief Description</b>                                | <b>Product Name</b>  |
|--------------|---|----------------------|
| A4261        | Cervical cap for contraceptive use                      | Fem Cap, Lea Shield  |
| A4269        | Contraceptive supply, spermicide (e.g. foam, gel), each | Contraceptive sponge |

**Bone Scans:**

Clients using Depo-Provera (medroxyprogesterone acetate) may be referred for bone scans. The following procedure codes have been added to the list of procedures covered for clients of the Family Planning, Family Planning Only and Take Charge programs:

| Procedure Code | Brief Description          | 7/1/05<br>Maximum Allowable Fee  |
|----------------|----------------------------|--|
| 76075          | DEXA, axial skeleton study | See fee schedule in MAA's <i>Physician-Related Services Billing Instructions</i> |
| 76076          | DEXA, peripheral study     | See fee schedule in MAA's <i>Physician-Related Services Billing Instructions</i> |

**Natural Family Planning**

The following code with a family planning modifier (FP) has been added to the Family Planning, Family Planning Only and Take Charge programs. This code combination must be used when billing for natural family planning education and counseling.

MAA **limits** natural family planning intervention to 4 units (one hour) of natural family planning intervention per client, per calendar year.

| Procedure Code/Modifier | Brief Description  | 7/1/05<br>Maximum Allowable Fee |
|-------------------------|--|---------------------------------|
| 99401 - FP              | Preventive counseling, indiv.<br>(Each one unit equals 15 minutes of instruction.) | \$25.44                         |

**Drug and Contraceptive Supply Maximum Allowable Fee Changes**

MAA sets the maximum allowable fees for most drugs and contraceptive supplies using Medicare's Average Sales Price (ASP). If no Medicare ASP price is available, MAA sets a fee for the drug or contraceptive supply using a variety of methods available to approximate the drug or supply's actual acquisition cost, including: reference pricing from drug file manufacturers; information from manufacturers and wholesalers; and invoice prices when available. For drugs with a published fee, providers may bill MAA their usual and customary fee. Reimbursement will be MAA's published fee or the provider's billed charges, whichever is

less. For items priced on the fee schedule as “Acquisition Cost,” providers must bill MAA their actual acquisition cost.

MAA updates its injectable drug pricing each time Medicare releases an update of the ASP, up to once per quarter. These updates are posted to MAA’s website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules). Only those drugs with price changes will be posted quarterly. All other drugs remain at MAA’s last published price.

## TAKE CHARGE Fee Schedule

In addition to the procedure codes listed in the *Fee Schedule* section of MAA's *Family Planning Services and Family Planning Only Billing Instructions*, MAA reimburses for the following TAKE CHARGE codes:

| HCPSC<br>Code/Modifier | Brief Description                                     | Time Limits                     | 7/1/05<br>Maximum<br>Allowable Fee |
|------------------------|---|---------------------------------|------------------------------------|
| T1023-FP               | Intake Assessment<br>(Use for application assistance) | Once per year of<br>eligibility | \$5.13                             |
| S9445-FP               | PT education noc individ (Use for<br>Women – ECRR)    | Once every 10 months            | \$57.41                            |
| S9445-FP               | PT education noc individ<br>(Use for Men – ECRR)      | Once per calendar year          | \$57.41                            |

## Reimbursement [Refer to WAC 388-532-780]

- MAA limits reimbursement under the TAKE CHARGE program to those services that are a result of client visits having a principal purpose diagnosis of family planning. The diagnosis must be made by a qualified, licensed, medical practitioner.
- Bill MAA your usual and customary fee for services. MAA's payment will be either your usual and customary fee or MAA's maximum allowable rate, whichever is less.
- For drugs and contraceptive supplies indicated in the fee schedule as “Acquisition Cost,” providers must bill their actual acquisition cost, not their usual and customary charges. For drugs and contraceptive supplies indicated in the fee schedule with a maximum allowable fee, providers may bill their usual and customary charges. MAA’s reimbursement is the maximum allowable fee or billed charges, whichever is less.
- Federally qualified health centers (FQHCs), rural health centers (RHCs), and Indian health providers who choose to become TAKE CHARGE providers must bill MAA for TAKE CHARGE services without regard to their special rates and fee schedules.
- MAA does **not** use the encounter rate structure to reimburse FQHCs, RHCs, or Indian health providers for TAKE CHARGE services.

## Billing Instructions Replacement Pages

Attached are updated replacement pages E.1–E.9 for MAA’s current *Family Planning Services, Family Planning Only and TAKE CHARGE Program Billing Instructions*.

Bill MAA your usual and customary charge for services. Bill as directed for drugs and products.

## Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits when applicable) or the entire claim will be denied.

## MAA’s Provider Issuances

To view and download MAA’s numbered memoranda and billing instructions electronically, visit MAA’s website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I’m New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

# Fee Schedule

## Office Visits

| Procedure Code | Brief Description            | 7/1/05<br>Maximum Allowable Fee |         |                      |         |
|----------------|------------------------------|---------------------------------|---------|----------------------|---------|
|                |                              | Clients 21 and older            |         | Clients 20 and under |         |
|                |                              | NFS                             | FS      | NFS                  | FS      |
| 99201          | Office/outpatient visit, new | \$24.08                         | \$15.64 | \$33.52              | \$21.77 |
| 99202          | Office/outpatient visit, new | 42.94                           | 30.78   | 59.79                | 42.85   |
| 99203          | Office/outpatient visit, new | 63.79                           | 47.41   | 88.82                | 66.01   |
| 99204          | Office/outpatient visit, new | 90.10                           | 70.24   | 125.45               | 97.80   |
| 99205          | Office/outpatient visit, new | 113.92                          | 93.32   | 158.63               | 129.95  |
| 99211          | Office/outpatient visit, est | 14.40                           | 5.96    | 20.04                | 8.29    |
| 99212          | Office/outpatient visit, est | 25.56                           | 15.88   | 35.60                | 22.12   |
| 99213          | Office/outpatient visit, est | 34.75                           | 23.33   | 48.38                | 32.49   |
| 99214          | Office/outpatient visit, est | 54.36                           | 38.72   | 75.69                | 53.91   |
| 99215          | Office/outpatient visit, est | 78.93                           | 62.05   | 109.90               | 86.40   |

## Prescription Birth Control Methods

| Procedure Code         | Brief Description   | 7/1/05<br>Maximum Allowable Fee |       |
|------------------------|---|---------------------------------|-------|
|                        |   | NFS                             | FS    |
| Oral Contraceptives    |   |                                 |       |
| S4993                  | Contraceptive pills for birth control.<br>[1 unit = each 30-day supply]<br>(Seasonale should be billed as 3 units.) | \$17.00                         | NA    |
| Cervical Cap/Diaphragm |   |                                 |       |
| A4261                  | Cervical cap for contraceptive use  | 47.00                           | NA    |
| A4266                  | Diaphragm   | 33.92                           | NA    |
| 57170                  | Fitting of diaphragm/cap  | 57.00                           | 30.43 |

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)

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Fee Schedule

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## Prescription Birth Control Methods - Continued

| Procedure Code               | Brief Description   | 7/1/05<br>Maximum Allowable Fee |          |
|------------------------------|---|---------------------------------|----------|
|                              |   | NFS                             | FS       |
| Implant                      |   |                                 |          |
| 11976                        | Removal of contraceptive capsule  | \$119.95                        | \$119.95 |
| Injectables                  |   |                                 |          |
| J1055                        | Medroxyprogesterone acetate inj (Depo-Provera). <i>Allowed once every 67 days.</i>  | 53.66                           | NA       |
| 90782                        | Injection, subcutaneous/intramuscular<br><i>May be billed when the contraceptive injection is the only service performed.</i> | 11.36                           | NA       |
| Intrauterine Devices (IUD)   |   |                                 |          |
| J7300                        | Intrauterine copper device (Paragard)   | 374.53                          | NA       |
| J7302                        | Levonorgestrel-releasing IUD (Mirena)   | 405.81                          | NA       |
| 58300                        | Insertion of IUD  | 58.14                           | 34.06    |
| 58301                        | Removal of IUD  | 62.23                           | 42.69    |
| Miscellaneous Contraceptives |   |                                 |          |
| J7303                        | NuvaRing contraceptive ring, each   | 34.25                           | NA       |
| J7304                        | Ortho-Evra contraceptive patch, each  | 4.00                            | NA       |

## Non-Prescription Over-the-Counter (OTC) Birth Control Methods

| Procedure Code   | Brief Description                 | 7/1/05<br>Maximum Allowable Fee |
|--|-----------------------------------|---------------------------------|
| A4267  | Male Condom, each                 | Acquisition Cost                |
| A4268  | Female Condom, each               | Acquisition Cost                |
| A4269  | Spermicide (e.g. foam, gel), each | Acquisition Cost                |
| <b>Note:</b> MAA reimburses for FDA-approved family planning products and supplies only. <i>OTC products listed may not be available for billing MAA due to federal approval status.</i> |                                   |                                 |

## Unlisted Contraceptive Drugs and Supplies

When billing for a contraceptive drug or contraceptive supply that does not have a dedicated HCPCS code, providers must bill MAA for the contraceptive using MAA's Expedited Prior Authorization (EPA) process.

The EPA process allows MAA to use a nine-digit prior authorization number to identify, track, and appropriately pay for an unlisted contraceptive. The nine-digit EPA number must be listed

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in the “Prior Authorization Number” field of the claim form (for example, Box 23 of a HCFA-1500 claim form).

The first five digits of all MAA EPA numbers are **87000**. The last four digits of the EPA number identify the exact contraceptive supplied.

**Note:** MAA no longer requires Family Planning Clinics to list the NDC number and amount of drug given to the client in Box 19 of the HCFA-1500 claim form, or the *Comments* section of the electronic HCFA-1500, when billing for an unlisted contraceptive identified by an EPA number.

**Family Planning Clinics may no longer bill MAA for an unlisted contraceptive drug or supply using J3490 or J3490-FP *without an EPA number*.** If MAA has not yet established an EPA number for a particular contraceptive drug or supply, contact the Family Planning or TAKE CHARGE Program Managers to have an EPA number established for the new product.

MAA has established coding and EPA number requirements for the contraceptive drugs and supplies listed in the following tables.

### **Emergency Contraceptive Pills**

Providers must bill MAA for emergency contraceptive pills as detailed below:

| <b>HCPCS Code</b> | <b>EPA Number</b> | <b>Brief Description</b>   | <b>7/1/05<br/>Maximum Allowable<br/>Fee</b> |
|-------------------|-------------------|--|---|
| J3490             | 870001252         | Unlisted drug; use for: <ul style="list-style-type: none"><li>• Plan B only; and</li><li>• Each 1 unit equals one treatment.</li></ul> | \$10.15                                     |

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**Fee Schedule**

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## Non-Drug Contraceptive Supplies

Providers must bill MAA for unlisted non-drug contraceptive supplies as detailed below:

| <b>HCPCS Code/<br/>Modifier</b> | <b>EPA Number</b> | <b>Brief Description</b>  | <b>7/1/05<br/>Maximum Allowable Fee</b> |
|---------------------------------|-------------------|---|---|
| T5999-FP                        | 870001253         | Unlisted supply; use for: <ul style="list-style-type: none"> <li>• Cycle Beads only; and</li> <li>• Each 1 unit equals one set of Cycle Beads.</li> </ul>           | \$3.75                                  |
| 99071-FP                        | None              | Unlisted supply; use for: <ul style="list-style-type: none"> <li>• Natural Family Planning Booklet only; and</li> <li>• Each 1 unit equals booklet.</li> </ul>      | 2.00                                    |
| A4931-FP                        | 870001254         | Reusable, oral thermometer; use for: <ul style="list-style-type: none"> <li>• Basal Thermometer only; and</li> <li>• Each 1 unit equals one thermometer.</li> </ul> | 7.91                                    |

**Note:** Do **not** use these EPA numbers when billing for any contraceptive or drug other than those listed in these tables.

| <b>Procedure Code</b>                  | <b>Brief Description</b>   | <b>7/1/05<br/>Maximum Allowable Fee</b> |           |
|--|--|---|-----------|
|  |  | <b>NFS</b>                              | <b>FS</b> |
| 99401<br><br>Must include<br>dx V65.44 | Preventive Counseling, indiv; approx 15 min<br>(use for risk reduction intervention for<br>HIV/AIDS clients) | \$25.44                                 | NA        |

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**Fee Schedule**

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## Sterilization Procedures

*A properly completed Sterilization Consent Form **must** be attached to any claim submitted with any of the following procedure codes:*

| Procedure Code | Brief Description           | 7/1/05<br>Maximum Allowable Fee |             |
|----------------|-----------------------------|---------------------------------|-------------|
|                |                             | NFS                             | FS          |
| 55250          | Removal of sperm duct(s)    | \$344.74                        | \$130.81    |
| 55450          | Ligation of sperm duct      | 260.48                          | 141.94      |
| 58565          | Hysteroscopy, sterilization | Not covered                     | Not covered |
| 58600          | Division of fallopian tube  | 216.43                          | 216.43      |
| 58615*         | Occlude fallopian tube(s)   | 159.65                          | 159.65      |
| 58670          | Laparoscopy, tubal cautery  | 215.29                          | 215.29      |
| 58671*         | Laparoscopy, tubal block    | 215.29                          | 215.29      |

\* MAA reimburses for external occlusive devices **only** such as band, clip, or Fallop ring. MAA does not reimburse for occlusive devices introduced into the lumen of the fallopian tubes.

**Note:** Sterilization procedures and any pre-op visits must be billed with ICD-9-CM diagnosis code V25.2.

## Miscellaneous Surgical Procedures

| Procedure Code | Brief Description                 | 7/1/05<br>Maximum Allowable Fee |         |
|----------------|-----------------------------------|---------------------------------|---------|
|                |                                   | NFS                             | FS      |
| 17110          | Destruct lesion, 1-14 *           | \$53.14                         | \$31.79 |
| 54050          | Destruction, penis lesion(s) *    | 68.13                           | 53.60   |
| 54056          | Cryosurgery, penis lesion(s) *    | 68.36                           | 55.41   |
| 54060          | Excision of penis lesion(s) *     | 118.09                          | 71.08   |
| 56501          | Destroy vulva lesions, simple *   | 79.03                           | 66.54   |
| 57061          | Destroy vaginal lesions, simple * | 69.27                           | 57.23   |

**Note:** These services are covered for clients of the Family Planning Only and Take Charge programs *ONLY* when medically necessary for initialization or continuation of the client's chosen birth control method.

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**Fee Schedule**

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## Radiology Services

| Procedure Code/<br>Modifier | Brief Description          | 7/1/05<br>Maximum Allowable Fee |        |
|-----------------------------|----------------------------|---------------------------------|--------|
|                             |                            | NFS                             | FS     |
| 76075                       | Dexa, axial skeleton study | \$9.31                          | \$9.31 |
| 76076                       | Dexa, peripheral study     | 7.04                            | 7.04   |
| 76830                       | Transvaginal us, non-ob    | 58.59                           | 58.59  |
| 76830-26                    | Transvaginal us, non-ob    | 21.57                           | 21.57  |
| 76830-TC                    | Transvaginal us, non-ob    | 37.02                           | 37.02  |
| 76856                       | Us exam, pelvic, complete  | 58.59                           | 58.59  |
| 76856-26                    | Professional Component     | 21.57                           | 21.57  |
| 76856-TC                    | Technical Component        | 37.02                           | 37.02  |
| 76857                       | Us exam, pelvic, limited   | 52.46                           | 52.46  |
| 76857-26                    | Professional Component     | 11.81                           | 11.81  |
| 76857-TC                    | Technical Component        | 40.65                           | 40.65  |
| 76977                       | Us bone density measure    | 21.57                           | 21.57  |

## Laboratory Services

| Procedure Code/<br>Modifier | Brief Description             | 7/1/05<br>Maximum Allowable Fee |         |
|-----------------------------|-------------------------------|---------------------------------|---------|
|                             |                               | NFS                             | FS      |
| G0101                       | CA screen; pelvic/breast exam | \$22.71                         | \$14.53 |
| Q0111                       | Wet mounts/ w preparations    | 4.89                            | 4.89    |
| Q0112                       | Potassium hydroxide preps     | 4.89                            | 4.89    |
| 36415                       | Routine venipuncture          | 2.46                            | 2.46    |
| 36416                       | Capillary blood draw          | 2.46                            | 2.46    |
| 80061                       | Lipid panel                   | 15.35                           | 15.35   |
| 80076                       | Hepatic function panel        | 7.32                            | 7.32    |
| 81000                       | Urinalysis, nonauto w/scope   | 3.63                            | 3.63    |
| 81001                       | Urinalysis, auto w/scope      | 3.63                            | 3.63    |
| 81002                       | Urinalysis nonauto w/o scope  | 2.93                            | 2.93    |
| 81003                       | Urinalysis, auto, w/o scope   | 2.57                            | 2.57    |
| 81005                       | Urinalysis                    | 2.48                            | 2.48    |
| 81007                       | Urine screen for bacteria     | 2.94                            | 2.94    |
| 81015                       | Microscopic exam of urine     | 3.48                            | 3.48    |
| 81025                       | Urine pregnancy test          | 4.30                            | 4.30    |
| 82465                       | Assay, bld/serum cholesterol  | 4.99                            | 4.99    |
| 82947                       | Assay, glucose, blood quant   | 4.49                            | 4.49    |
| 82948                       | Reagent strip/blood glucose   | 3.63                            | 3.63    |
| 84146                       | Assay of prolactin            | 22.21                           | 22.21   |

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| Procedure<br>Code/<br>Modifier | Brief Description            | 7/1/05<br>Maximum Allowable Fee |       |
|--------------------------------|------------------------------|---------------------------------|-------|
|                                |                              | NFS                             | FS    |
| 84443                          | Assay thyroid stim hormone   | 19.18                           | 19.18 |
| 84702                          | Chorionic gonadotropin test  | 17.24                           | 17.24 |
| 85004                          | Automated diff wbc count     | 7.41                            | 7.41  |
| 85007                          | BI smear w/diff wbc count    | 3.94                            | 3.94  |
| 85013                          | Spun microhematocrit         | 2.71                            | 2.71  |
| 85014                          | Hematocrit                   | 2.71                            | 2.71  |
| 85018                          | Hemoglobin                   | 2.71                            | 2.71  |
| 85025                          | Complete cbc w/auto diff wbc | 8.91                            | 8.91  |
| 85027                          | Complete cbc, automated      | 7.41                            | 7.41  |
| 86255                          | Fluorescent antibody, screen | 13.81                           | 13.81 |
| 86255-26                       | Professional Component       | 12.04                           | 12.04 |
| 86592                          | Blood serology, qualitative  | 4.89                            | 4.89  |
| 86593                          | Blood serology, quantitative | 5.05                            | 5.05  |
| 86631                          | Chlamydia antibody           | 13.55                           | 13.55 |
| 86632                          | Chlamydia igm antibody       | 14.55                           | 14.55 |
| 86689                          | HTLV/HIV confirmatory test   | 22.18                           | 22.18 |
| 86692                          | Hepatitis, delta agent       | 19.66                           | 19.66 |
| 86701                          | HIV-1                        | 10.18                           | 10.18 |
| 86703                          | HIV-1/HIV-2, single assay    | 15.72                           | 15.72 |
| 86706                          | Hep b surface antibody       | 12.31                           | 12.31 |
| 86781                          | Treponema pallidum, confirm  | 15.17                           | 15.17 |
| 87070                          | Culture, bacteria, other     | 9.86                            | 9.86  |
| 87076                          | Culture anaerobe ident, each | 9.26                            | 9.26  |
| 87081                          | Culture screen only          | 7.59                            | 7.59  |
| 87084                          | Culture of specimen by kit   | 9.86                            | 9.86  |
| 87086                          | Urine culture/colony count   | 9.25                            | 9.25  |
| 87088                          | Urine bacteria culture       | 7.36                            | 7.36  |
| 87110                          | Chlamydia culture            | 22.44                           | 22.44 |
| 87140                          | Culture type immunofluoresc  | 6.39                            | 6.39  |
| 87147                          | Culture type, immunologic    | 5.93                            | 5.93  |
| 87164                          | Dark field examination       | 12.31                           | 12.31 |
| 87164-26                       | Professional Component       | 11.36                           | 11.36 |
| 87184                          | Microbe susceptible, disk    | 7.90                            | 7.90  |
| 87186                          | Microbe susceptible, mic     | 9.91                            | 9.91  |
| 87205                          | Smear, gram stain            | 4.89                            | 4.89  |
| 87206                          | Smear, fluorescent/acid stai | 6.15                            | 6.15  |
| 87207                          | Smear, special stain         | 6.86                            | 6.86  |
| 87207-26                       | Professional Component       | 12.26                           | 12.26 |
| 87210                          | Smear, wet mount, saline/ink | 4.89                            | 4.89  |
| 87250                          | Virus inoculate, eggs/animal | 21.95                           | 21.95 |

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**Fee Schedule**

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**Family Planning Services,  
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| Procedure<br>Code/<br>Modifier | Brief Description              | 7/1/05<br>Maximum Allowable Fee |       |
|--------------------------------|--------------------------------|---------------------------------|-------|
|                                |                                | NFS                             | FS    |
| 87252                          | Virus inoculation, tissue      | 29.86                           | 29.86 |
| 87253                          | Virus inoculate tissue, addl   | 23.14                           | 23.14 |
| 87274                          | Herpes simplex 1, ag, if       | 13.74                           | 13.74 |
| 87285                          | Treponema pallidum, ag, if     | 13.74                           | 13.74 |
| 87340                          | Hepatitis b surface ag, eia    | 11.83                           | 11.83 |
| 87490                          | Chylmd trach, dna, dir probe   | 22.98                           | 22.98 |
| 87491                          | Chylmd trach, dna, amp probe   | 40.21                           | 40.21 |
| 87534                          | Hiv-1, dna, dir probe          | 22.98                           | 22.98 |
| 87535                          | Hiv-1, dna, amp probe          | 40.21                           | 40.21 |
| 87536                          | Hiv-1, dna, quant              | 97.49                           | 97.49 |
| 87537                          | Hiv-2, dna, dir probe          | 22.98                           | 22.98 |
| 87538                          | Hiv-2, dna, amp probe          | 40.21                           | 40.21 |
| 87539                          | Hiv-2, dna, quant              | 49.08                           | 49.08 |
| 87590                          | N.gonorrhoeae, dna, dir prob   | 22.98                           | 22.98 |
| 87591                          | N.gonorrhoeae, dna, amp prob   | 40.21                           | 40.21 |
| 87621                          | Hpv, dna, amp probe            | 40.21                           | 40.21 |
| 87810                          | Chylmd trach assay w/optic     | 13.74                           | 13.74 |
| 88141                          | Cytopath, c/v, interpret       | 13.40                           | 13.40 |
| 88142                          | Cytopath, c/v, thin layer      | 28.31                           | 28.31 |
| 88143                          | Cytopath, c/v, thin layer redo | 28.31                           | 28.31 |
| 88147                          | Cytopath, c/v, automated       | 15.90                           | 15.90 |
| 88148                          | Cytopath, c/v, auto rescreen   | 21.23                           | 21.23 |
| 88150                          | Cytopath, c/v, manual          | 14.76                           | 14.76 |
| 88152                          | Cytopath, c/v, auto redo       | 14.76                           | 14.76 |
| 88153                          | Cytopath, c/v, redo            | 14.76                           | 14.76 |
| 88154                          | Cytopath, c/v, select          | 14.76                           | 14.76 |
| 88161                          | Cytopath smear, other source   | 33.84                           | 33.84 |
| 88161-26                       | Professional Component         | 16.58                           | 16.58 |
| 88161-TC                       | Technical Component            | 17.26                           | 17.26 |
| 88164                          | Cytopath tbs, c/v, manual      | 14.76                           | 14.76 |
| 88165                          | Cytopath tbs, c/v, redo        | 14.76                           | 14.76 |
| 88166                          | Cytopath tbs, c/v, auto redo   | 14.76                           | 14.76 |
| 88167                          | Cytopath tbs, c/v, select      | 14.76                           | 14.76 |
| 88174                          | Cytopath, c/v auto, in fluid   | 29.85                           | 29.85 |
| 88175                          | Cytopath, c/v auto fluid redo  | 37.01                           | 37.01 |
| 88302                          | Tissue exam by pathologist     | 27.25                           | 27.25 |
| 88302-26                       | Professional Component         | 4.54                            | 4.54  |
| 88302-TC                       | Technical Component            | 22.71                           | 22.71 |

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)

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**Fee Schedule**

**# Memo 05-44 MAA**

## **Injectable Drugs and Injection Fee**

*(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)*

| <b>Procedure Code</b> | <b>Brief Description</b>      | <b>7/1/05<br/>Maximum Allowable Fee</b> |                  |
|-----------------------|-------------------------------|---|------------------|
|                       |                               | <b>NFS</b>                              | <b>FS</b>        |
| 90788                 | Injection of antibiotic       | \$9.99                                  | \$9.99           |
| J0456                 | Azithromycin                  | 24.44                                   | 24.44            |
| J0580                 | Penicillin g benzathine inj   | 73.14                                   | 73.14            |
| J0690                 | Cefazolin sodium injection    | 1.39                                    | 1.39             |
| J0694                 | Cefoxitin sodium injection    | 8.71                                    | 8.71             |
| J0696                 | Ceftriaxone sodium injection  | 6.80                                    | 6.80             |
| J0697                 | Sterile cefuroxime injection  | 4.90                                    | 4.90             |
| J0698                 | Cefotaxime sodium injection   | 4.35                                    | 4.35             |
| J0710                 | Cephapirin sodium injection   | 1.41                                    | 1.41             |
| J1200                 | Diphenhydramine hcl injection | .88                                     | .88              |
| J1890                 | Cephalothin sodium injection  | 8.64                                    | 8.64             |
| J2460                 | Oxytetracycline injection     | .93                                     | .93              |
| J2510                 | Penicillin g procaine inj     | 8.43                                    | 8.43             |
| J2540                 | Penicillin g potassium inj    | 1.35                                    | 1.35             |
| J3320                 | Spectinomycin di-hcl inj      | 25.30                                   | 25.30            |
| Q0144                 | Azithromycin dihydrate, oral  | Acquisition Cost                        | Acquisition Cost |

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**Fee Schedule**

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**Fee Schedule**

**# Memo 05-44 MAA**